PART B - FEE(S) TRANSMITTAL

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| GRANT ANDERSON LLP C/O PORTFOLIOIP PO BOX 52050 MINNEAPOLIS, MN 55402 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
| MINNEAFOLIS, | WIN 33402 | | | | | (Depositor's name) |
| | | | | | | (Signature) |
| | | | | · | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTO | R | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/723,681 | 11/25/2003 | | Richard B. Roth | L | SEQ-4069-UT | 4510 |
| TITLE OF INVENTION: N | METHODS FOR IDE | NTIFYING RISK OF BR | EAST CANCER AND T | REATMENTS THE | REOF | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 01/30/2009 |
| EXAMIN | ER | ART UNIT | CLASS-SUBCLASS | 7 | | |
| SITTON, JEHAN | NE SOUAYA | 1634 | 435-006000 | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been firecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sequenom, Inc. San Diego, CA 92121 USA Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | |
| 4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 2 | | | D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO 2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5.0 - 3.4.7.3 (enclose an extra copy of this form). | | | |
| 5. Change in Entity Status a. Applicant claims S | MALL ENTITY status | s. See 37 CFR 1.27. | ☐ b. Applicant is no lon | ger claiming SMAL | L ENTITY status. See 37 CI | FR 1.27(g)(2). |
| NOTE: The Issue Fee and P interest as shown by the reco | ords of the United Stat | ired) will not be accepted es Patent and Trademark | from anyone other than office. | the applicant; a regist | tered attorney or agent; or the | ne assignee or other party in |
| Authorized Signature /Bruce Grant/ | | | Date January 28, 2009 | | | |
| Typed or printed name Bruce D. Grant | | | Registration No. 47,608 | | | |
| This collection of informatic an application. Confidential submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313- Under the Paperwork Reduc | 1450. | | 1014.15 1 | o mis medical. | BEND TO: Commissioner | ioi Patents, P.O. Box 1450, |